

United States District Court  
NORTHERN DISTRICT OF CALIFORNIA

ORIGINAL  
ADP  
E-FILED

Zhong Zhang, individually,  
Jie Ma, individually,

Plaintiffs,

SUMMONS IN A CIVIL CASE

CASE NUMBER:

V.

Emilio T. Gonzalez, Director of the U.S. Citizenship and Immigration  
Services; Alberto R. Gonzalea, as Attorney General of the United  
States; Michael Chertoff, in his Official Capacity, Secretary, United  
States Department of Homeland Security,

Defendant (s)

C07 02754

RS

TO: (Name and address of defendant)

Alberto Gonzales, Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Daniel T. Huang  
Law Office of Daniel Huang  
506 N. Garfield Ave., Ste. 100  
Alhambra, CA 91801

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

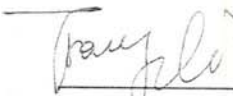
Richard W. Wieking  
CLERK

5-25-07  
DATE 05/11/2007 (Sm)

*Sandy Morris*  
(BY) DEPUTY CLERK

Sandy Morris

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and Complaint was made by me <sup>1</sup>		DATE <u>6.15.2007</u>
Name of SERVER		TITLE <u>proof of service</u>
Check one box below to indicate appropriate method of service		
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Served Personally upon the Defendant. Place where served:         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.            Name of person with whom the summons and complaint were left:         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Returned unexecuted:         </div> <div> <input checked="" type="checkbox"/> Other (specify): <u>I served Alberto R. Gonzales via certified first class mail on June 05 2007</u> </div>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>Executed on <u>6.15.2007</u></p> <p style="text-align: center; font-size: small;">Date</p> </div> <div style="width: 55%;"> <p style="text-align: center;"><u></u></p> <p style="text-align: center; font-size: small;">Signature of Server</p> <p><u>P.O. Box. 1351, Alhambra CA 91801</u></p> <p style="text-align: center; font-size: small;">Address of Server</p> </div> </div>		
<p>(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure</p>		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Alberto R. Gonzales</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Alberto R. Gonzales</b>  <b>Attorney General of the United States</b>  <b>U.S. Department of Justice</b>  <b>950 Pennsylvania Avenue, NW</b>  <b>Washington, DC 20530-0001</b></p>		<p>B. Received by (Printed Name) <i>JUN 05 2007</i> C. Date of Delivery</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

7006 3450 0001 4143 1652

102595-02-M-1540

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• Sender: Please print your name, address, and ZIP+4 in this box •

**Law Office of Daniel Huang**  
**P.O. Box 1351**  
**Alhambra, CA 91802-1351**

*Zhang Zhong*

